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<b>CCC-956</b> (03-03-05)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>TOBACCO TRANSITION PAYMENT PRODUCER CONTRACT</b>	1. Contract Number	2. Farm Serial Number
	3. Producer Payment Rate <b>\$ 1.00 Per Pound of Base Quota Level/10 Years</b>	
	4. Contract Period FROM (MM-DD-YYYY): TO: <b>09-30-2014</b>	

**NOTE:** The authority for collecting the following information is Pub. L. 108-357. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Pub. L. 108-357 (The Fair and Equitable Tobacco Reform Act of 2004 (the Act)). The information will be used to determine eligibility for program payments. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA COUNTY OFFICE OR USDA SERVICE CENTER.**

5. Pounds of Base Quota Level (BQL) by Crop Year		
A. Tobacco Type	B. Year	C. BQL (lbs.)

This Contract is entered into between the Commodity Credit Corporation (CCC) and the undersigned tobacco producer (Participant). The Participant and CCC agree to the terms contained in this Contract, including the Appendix to this Contract, entitled Appendix to CCC-956. Providing a false certification to the government is punishable by imprisonment, fines, and other penalties. All information provided herein is subject to verification by CCC. By signing below, the Participant acknowledges that a copy of the Appendix to CCC-956 has been provided to such person. The terms and conditions of this Contract are contained in this form CCC-956 and in the Appendix to CCC-956.

<b>6. Participant Information:</b>		
A. Name and Address (Including ZIP Code)	B. Telephone Number (Including Area Code)	C. Tax Identification Number
D. Participant's Signature	E. Date Signed (MM-DD-YYYY)	

<b>7. CCC Use Only:</b>		
A. Action: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
B. Signature of CCC Representative	C. Title	D. Date Signed (MM-DD-YYYY)
8A. County Office Address (Including ZIP Code)	8B. Telephone Number (Including Area Code)	
8C. Remarks		

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